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11/10/2005 LFULTON 00000001 501047 10763542

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OCT 11 2005

Patent
10/763,542

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE.

Applicant: John D. Dobak III
Serial No.: 10/763,542
Filed: January 23, 2004
Title: Improved Medical Procedure
Art Unit: 3739
Examiner: Roy Dean Gibson
Docket No.: 040003 (2050/1C2; DMMT-US 061 C2)

Commissioner for Patents
PO Box 1450
Alexandria, VA 22313-1450

AMENDMENT and
REQUEST FOR APPROVAL TO MAKE DRAWING CHANGE

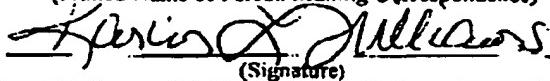
Sir:

In response to the Office Action dated May 11, 2005, kindly amend the above-identified application as follows. In addition, any deficiencies may be charged to deposit account No. 50-1047.

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this document and any document referenced herein has been transmitted via facsimile to the US Patent and Trademark Office at (571) 273-8300 on October 11, 2005.

Karin L. Williams, Reg. No. 36,721.
(Printed Name of Person Mailing Correspondence)


(Signature)

- 1 -

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2003

Application or Docket Number

10763542

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

TOTAL CLAIMS	4	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	4 minus 20 =	0
INDEPENDENT CLAIMS	3 minus 3 =	0
MULTIPLE DEPENDENT CLAIM PRESENT		<input type="checkbox"/>

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	• 4	Minus	= 20
	Independent	• 1	Minus	= 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM		<input type="checkbox"/>		

SMALL ENTITY TYPE

OTHER THAN SMALL ENTITY

RATE	FEES	RATE	FEES
BASIC FEE	385.00	OR BASIC FEE	770.00
X\$ 9=		OR X\$18=	
X43=		OR X86=	
+145=		OR +290=	
TOTAL	385	OR TOTAL	

OTHER THAN SMALL ENTITY

SMALL ENTITY	OR	OTHER THAN SMALL ENTITY	
RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X\$ 9=		OR X\$18=	
X43=		OR X86=	
+145=		OR +290=	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus	= 0
	Independent	*	Minus	= 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM		<input type="checkbox"/>		

SMALL ENTITY	OR	OTHER THAN SMALL ENTITY	
RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X\$ 9=		OR X\$18=	
X43=		OR X86=	
+145=		OR +290=	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus	= 0
	Independent	*	Minus	= 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM		<input type="checkbox"/>		

SMALL ENTITY	OR	OTHER THAN SMALL ENTITY	
RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X\$ 9=		OR X\$18=	
X43=		OR X86=	
+145=		OR +290=	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.